

Agency Case Number 21087613		Agency NCIC No. 0330200		GEORGIA MOTOR VEHICLE CRASH REPORT		County COBB		Date Rec. by DOT 11/13/2021		
Estimated Crash Date 11/9/2021 Time 04:57		Dispatch Date 11/9/2021 Time 04:57		Arrival Date 11/9/2021 Time 05:05		Total Number of Vehicles 5 Injuries 2 Fatalities 0		Inside City Of		
Road of Occurrence I 285 EXPY				At Its Intersection With ATLANTA RD				<input type="checkbox"/> Suppl. To Original? <input type="checkbox"/> Private Property? <input type="checkbox"/> Hit And Run?		
Not At Its Intersection But				Of						
Latitude (Y) 33.76155 (Format) 00.00000				Longitude (X) -84.49268 (Format) -00.00000						
Unit # 1 <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME SHILLING FIRST MARK MIDDLE		Unit # 2 <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME BRUNER FIRST WALTER MIDDLE RAY				
<input checked="" type="checkbox"/> Susp At Fault		Address 12 CARLOS FOLEY RD		<input type="checkbox"/> Susp At Fault		Address 3896 E GOLDENROD DR				
City RUSSELL SPRINGS State KY Zip 42642 DOB 7/30/1956		City GARDENDALE State TX Zip 79758 DOB 12/16/1963								
Driver's License No S95534813 Class Y State KY Country US		Driver's License No 12476244 Class CLASS A State TX Country US								
Insurance Co. GREAT WEST CASUALTY Policy No. VALID Telephone No.		Insurance Co. EVEREST NATIONAL INS Policy No. RM8CA00048 Telephone No. 4322481516								
Year 2019 Make PETERBILT MOTOR CO Model TK		Year 2021 Make PETERBILT Model TK								
VIN 1XPBD49X9KD612051 Vehicle Color Green		VIN 1XPBD49X8MD759836 Vehicle Color Green								
Tag # A70848 State KY County Year 2020		Tag # 3FE349 State OK County Year 2021								
Trailer Tag # State County Year		Trailer Tag # State County Year								
<input type="checkbox"/> Same as Driver Owner's Last Name ROGERS TRUCKING First Middle		<input type="checkbox"/> Same as Driver Owner's Last Name WESTERN FLYER EXPRESS LLC First Middle								
Address 3489 GREENSBURG RD		Address PO BOX 270814								
City COLUMBIA State KY Zip 42728		City OKLAHOMA CITY State OK Zip 73137								
Removed By: BARROWS WRECKER <input type="checkbox"/> Request <input type="checkbox"/> List		Removed By: BARROWS WRECKER <input type="checkbox"/> Request <input type="checkbox"/> List								
Alcohol Test: No Type: Not Tested Results: None Given Drug Test: No Type: Results:	Alcohol Test: No Type: Not Tested Results: None Given Drug Test: No Type: Results:									
First Harmful Event: Motor Vehicle In Motion Most Harmful Event: Motor Vehicle In Motion Operator/Ped Cond: Not Drinking		First Harmful Event: Motor Vehicle In Motion Most Harmful Event: Motor Vehicle In Motion Operator/Ped Cond: Not Drinking								
Operator Factors: Following too Close		Operator Factors: No Contributing Factors								
Vehicle Factors: No Contributing Factors Roadway Factors: No Contributing Factors		Vehicle Factors: No Contributing Factors Roadway Factors: No Contributing Factors								
Direction of Travel: South Vehicle Maneuver: Straight Non-Motor Maneuver:		Direction of Travel: South Vehicle Maneuver: Straight Non-Motor Maneuver:								
Vehicle Class: Commercial Motor Vehicle (CMV) Vehicle Type: Tractor/Trailer Vision Obscured: Not Obscured		Vehicle Class: Commercial Motor Vehicle (CMV) Vehicle Type: Tractor/Trailer Vision Obscured: Not Obscured								
Number of Occupants: 1 Area of Initial Contact: Front End Damage to Vehicle: Disabling Damage		Number of Occupants: 1 Area of Initial Contact: Front End Damage to Vehicle: Disabling Damage								
Traffic Way Flow: One-Way Trafficway Road Composition: Black Top Road Character: Straight and Level		Traffic Way Flow: One-Way Trafficway Road Composition: Black Top Road Character: Straight and Level								
Number of Lanes: 5 Posted Speed: 65 Work Zone: None		Number of Lanes: 5 Posted Speed: 65 Work Zone: None								
Traffic Control: Lanes Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control: Lanes Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Citation Information: Citation # 3893653 O.C.G.A. § 40-6-49 Citation # O.C.G.A. § Citation # O.C.G.A. §		Citation Information: Citation # O.C.G.A. § Citation # O.C.G.A. § Citation # O.C.G.A. §								
COMMERCIAL MOTOR VEHICLES ONLY					COMMERCIAL MOTOR VEHICLES ONLY					
Carrier Name ROGERS TRUCKING INC					Carrier Name WESTERN FLYER EXPRESS					
Address 3489 GREENSBURG RD City COLUMBIA State Zip		Address PO BOX 270814 City OKLAHOMA CITY State Zip								
U.S. D.O.T. # 105239 No. of Axles 3 G.V.W.R 26001 or Greater		U.S. D.O.T. # 658909 No. of Axles 5 G.V.W.R 26001 or Greater								
Cargo Body Type Van Enclosed-Box Vehicle Config. Tractor Trailer <input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Fed. Reportable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type Van Enclosed-Box Vehicle Config. Tractor Trailer <input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Fed. Reportable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
C.D.L. ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L. ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Vehicle Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Hazmat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hazmat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
If YES: Name or 4 Digit Number from Diamond or Box: One Digit Number from Bottom of Diamond:		If YES: Name or 4 Digit Number from Diamond or Box: One Digit Number from Bottom of Diamond:								
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units		<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo								

EXHIBIT
PL 1

Unit # 3	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME NANIGAN	FIRST JAMES	MIDDLE DENTON		Unit # 4	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME TEAGUE	FIRST REGINOLD	MIDDLE MARCEL	
<input type="checkbox"/> Susp At Fault		Address 151 ELLINGTON DR				<input type="checkbox"/> Susp At Fault		Address 985 ELIZA ANN CV			
City JEFFERSON		State GA		Zip 30549317		City LAWRENCEVILLE		State GA		Zip 30045724	DOB 10/7/1972
Driver's License No 055715912		Class CLASS A		State GA	Country US	Driver's License No 053344341		Class CLASS A		State GA	Country US
Insurance Co. ACE INSURANCE		Policy No. XSA H25549910		Telephone No. 8332124357		Insurance Co. TRAVELERS		Policy No. TJ CAP 8E093492TIL21		Telephone No. 6782946824	
Year 2022		Make VOLVO		Model TK		Year 2014		Make OTHER		Model TK	
VIN 4V4N39TG2NN294364		Vehicle Color White				VIN 1GRDM9627EH723376		Vehicle Color White			
Tag # M8020HY	State TN	County FAYETTE	Year 2021			Tag # P372697	State IN	County	Year		
Trailer Tag #	State	County	Year			Trailer Tag #	State	County	Year		
<input type="checkbox"/> Same as Driver		Owner's Last Name SOUTHEASTERN FREIGHT		First	Middle	<input type="checkbox"/> Same as Driver		Owner's Last Name SAMUEL AND SON		First	Middle
Address 4141 MURFREESBORO RD						Address 2675 MORGANTOWN RD					
City ANTIOCH		State TN		Zip 37013		City READING		State PA		Zip 19607	
Removed By: DRIVER <input type="checkbox"/> Request <input type="checkbox"/> List						Removed By: DRIVER <input type="checkbox"/> Request <input type="checkbox"/> List					
Alcohol Test: No	Type: Not Tested	Results: None Given	Drug Test: No	Type:	Results:	Alcohol Test: No	Type: Not Tested	Results: None Given	Drug Test: No	Type:	Results:
First Harmful Event: Motor Vehicle In Motion		Most Harmful Event: Motor Vehicle In Motion		Operator/Ped Cond: Not Drinking		First Harmful Event: Motor Vehicle In Motion		Most Harmful Event: Motor Vehicle In Motion		Operator/Ped Cond: Not Drinking	
Operator Factors: No Contributing Factors						Operator Factors: No Contributing Factors					
Vehicle Factors: No Contributing Factors						Vehicle Factors: No Contributing Factors					
Direction of Travel: South		Vehicle Maneuver: Stopped		Non-Motor Maneuver:		Direction of Travel: South		Vehicle Maneuver: Stopped		Non-Motor Maneuver:	
Vehicle Class: Commercial Motor Vehicle (CMV)		Vehicle Type: Tractor/Trailer		Vision Obscured: Not Obscured		Vehicle Class: Commercial Motor Vehicle (CMV)		Vehicle Type: Tractor/Trailer		Vision Obscured: Not Obscured	
Number of Occupants: 1		Area of Initial Contact: Rear End		Damage to Vehicle: Functional Damage		Number of Occupants: 1		Area of Initial Contact: Rear End		Damage to Vehicle: Minor Damage	
Traffic Way Flow: One-Way Trafficway		Road Composition: Black Top		Road Character: Straight and Level		Traffic Way Flow: One-Way Trafficway		Road Composition: Black Top		Road Character: Straight and Level	
Number of Lanes: 5		Posted Speed: 65		Work Zone: None		Number of Lanes: 5		Posted Speed: 65		Work Zone: None	
Traffic Control: Lanes		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Traffic Control: Lanes		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Citation Information:						Citation Information:					
Citation #		O.C.G.A. §				Citation #		O.C.G.A. §			
Citation #		O.C.G.A. §				Citation #		O.C.G.A. §			
Citation #		O.C.G.A. §				Citation #		O.C.G.A. §			
COMMERCIAL MOTOR VEHICLES ONLY											
Carrier Name SOUTHEASTERN FRIEGHT LINES						Carrier Name SAMUEL AND SON					
Address 420 DAVEGA RD		City LEXINGTON		State		Address 3635 FRANCIS CIR		City ALPHARETTA		State	
U.S. D.O.T. # 63419		No. of Axles 5		G.V.W.R 26001 or Greater		U.S. D.O.T. # 342033		No. of Axles 5		G.V.W.R 26001 or Greater	
Cargo Body Type Van Enclosed-Box		Vehicle Config. Tractor Trailer		<input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	Fed. Reportable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cargo Body Type Van Enclosed-Box		Vehicle Config. Tractor Trailer		<input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	Fed. Reportable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C.D.L. ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				C.D.L. ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Vehicle Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Vehicle Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Hazmat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Hazmat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If YES: Name or 4 Digit Number from Diamond or Box:						If YES: Name or 4 Digit Number from Diamond or Box:					
One Digit Number from Bottom of Diamond:						One Digit Number from Bottom of Diamond:					
<input type="checkbox"/> Ran Off Road		<input type="checkbox"/> Down Hill Runaway		<input type="checkbox"/> Cargo Loss or Shift		<input type="checkbox"/> Separation of Units		<input type="checkbox"/> Ran Off Road		<input type="checkbox"/> Down Hill Runaway	
								<input type="checkbox"/> Cargo Loss or Shift		<input type="checkbox"/> Separation of Units	

Unit # 5	<input checked="" type="checkbox"/> Driver	LAST NAME		FIRST	MIDDLE
	<input type="checkbox"/> Ped	BALL		DAVIS	BENNETT
	<input type="checkbox"/> Bike	Address 17 BRAG MAY LANE			
<input type="checkbox"/> Susp At Fault					
City MONTICELLO		State MS	Zip 39654	DOB 10/18/1965	
Driver's License No 802763113		Class CLASS C	State MS	Country US	
Insurance Co. SELF INSURED		Policy No. 0000000		Telephone No. 2058477742	
Year 2010	Make GENERAL MOTORS CORP		Model YUKON		
VIN 1GKUCAE0XAR245624			Vehicle Color White		
Tag # LWA1317	State MS	County		Year 2021	
Trailer Tag #	State	County		Year	
<input checked="" type="checkbox"/> Same as Driver					
Owner's Last Name BALL		First DAVIS		Middle BENNETT	
Address 17 BRAG MAY LANE					
City MONTICELLO		State MS	Zip 39654		
Removed By: DRIVER			<input type="checkbox"/> Request	<input type="checkbox"/> List	
Alcohol Test: No	Type: Not Tested	Results: None Given	Drug Test: No	Type:	Results:
First Harmful Event: Motor Vehicle In Motion		Most Harmful Event: Motor Vehicle In Motion		Operator/Ped Cond: Not Drinking	
Operator Factors: No Contributing Factors					
Vehicle Factors: No Contributing Factors		Roadway Factors: No Contributing Factors			
Direction of Travel: South		Vehicle Maneuver: Straight		Non-Motor Maneuver:	
Vehicle Class: Privately Owned		Vehicle Type: Sports Utility Vehicle (SUV)		Vision Obscured: Not Obscured	
Number of Occupants: 1		Area of Initial Contact: Front End		Damage to Vehicle: Disabling Damage	
Traffic Way Flow: One-Way Trafficway		Road Composition: Black Top		Road Character: Straight and Level	
Number of Lanes: 5		Posted Speed: 65		Work Zone: None	
Traffic Control: Lanes			Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Citation Information:					
Citation #		O.C.G.A. §			
Citation #		O.C.G.A. §			
Citation #		O.C.G.A. §			
COMMERCIAL MOTOR VEHICLES ONLY					
Carrier Name					
Address		City	State	Zip	
U.S. D.O.T. #		No. of Axles		G.V.W.R	
Cargo Body Type	Vehicle Config.	<input type="checkbox"/> Interstate	Fed. Reportable		
		<input type="checkbox"/> Intrastate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
C.D.L. ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	C.D.L. Suspended?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Placarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Materials?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES: Name or 4 Digit Number from Diamond or Box:					
One Digit Number from Bottom of Diamond:					
<input type="checkbox"/> Ran Off Road	<input type="checkbox"/> Down Hill Runaway	<input type="checkbox"/> Cargo Loss or Shift	<input type="checkbox"/> Separation of Units		

COLLISION FIELDS

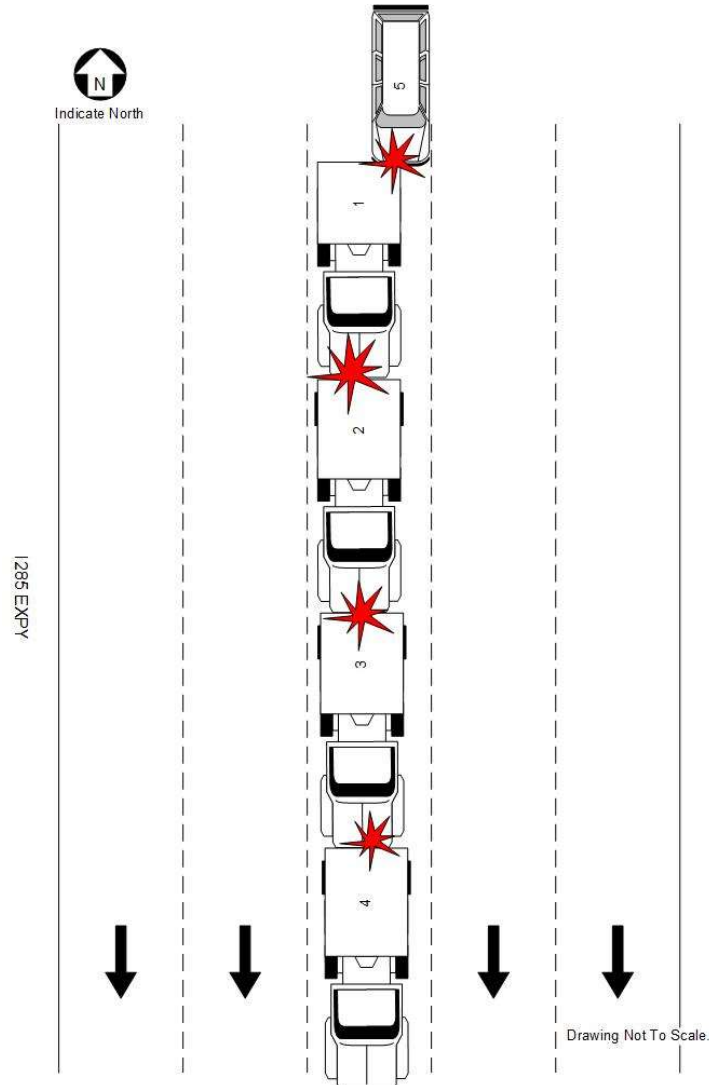
Manner of Collision: Rear End	Location at Area of Impact: On Roadway - Non-Intersection	Weather: Clear	Surface Condition: Dry	Light Condition: Dark-Lighted
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NARRATIVE

Added :Nov 9 2021 6:17AM

D1,2,3,4 and 5 traveled SB on I285 before Atlanta Rd.D1 advised that when he saw that traffic was slowing down he attempted to stop. D1 advised that he could not stop in time to avoid rear ending D2. D1 veh had damage to the front end. D1 was not able to give a contact number at the scene.D2 advised that he was slowing for traffic ahead of him when he was rear ended by D1. D1 was also ouches into D3 by the impact. D2 veh had damage to both the front and rear end.D3 was at a stop when his veh was rear ended by D2. He was pushed into D4. D3 veh had damage to the front and rear end.D4 was at a stop when he was rear ended. D4 veh had damage to the rear end.D5 was taken to the hospital before he was able to give a statement. He was transported to Kennestone for injuries. His cell phone was left in the vehicle when he was transported and he was discharged by the time contact was attempted at Kennestone. D1, D2 and D5 veh were towed by Barrows Wrecker Service.D1 was cited for following too closely. 3893653No further.

DIAGRAM



PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle:

Owner:

WITNESS INFORMATION

Name (Last, First)	Address	City	State	Zip Code	Telephone Number

OCCUPANT INFORMATION

1	Name (Last, First): SHILLING, MARK					Address: 12 CARLOS FOLEY RD RUSSELL SPRINGS, KY 42642				
	Age: 65	Sex: Male	Unit # 1	Position: Front Seat-Left Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Not Ejected	Extricated: Yes	Air Bag: Deployed Air Bag	Injury: Suspected Serious	Taken for Treatment: Yes
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
2	Name (Last, First): BRUNER, WALTER					Address: 3896 E GOLDENROD DR GARDENDALE, TX 79758				
	Age: 57	Sex: Male	Unit # 2	Position: Front Seat-Left Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Not Ejected	Extricated: No	Air Bag: Non-Deployed Air	Injury: No Apparent Injury	Taken for Treatment: No
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
3	Name (Last, First): NANIGAN, JAMES					Address: 151 ELLINGTON DR JEFFERSON, GA 305493172				
	Age: 50	Sex: Male	Unit # 3	Position: Front Seat-Left Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Not Ejected	Extricated: No	Air Bag: Non-Deployed Air	Injury: No Apparent Injury	Taken for Treatment: No
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
4	Name (Last, First): TEAGUE, REGINOLD					Address: 985 ELIZA ANN CV LAWRENCEVILLE, GA 300457240				
	Age: 49	Sex: Male	Unit # 4	Position: Front Seat-Left Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Front Ejected	Extricated: No	Air Bag: Non-Deployed Air	Injury: No Apparent Injury	Taken for Treatment: No
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
5	Name (Last, First): BALL, DAVIS					Address: 17 BRAG MAY LANE MONTICELLO, MS 39654				
	Age: 56	Sex: Male	Unit # 5	Position: Front Seat-Left Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Not Ejected	Extricated: No	Air Bag: Deployed Air Bag	Injury: Suspected Serious	Taken for Treatment: Yes
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
ADMINISTRATIVE										
Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By:					Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404) 635-2963.					
Report By: RASHAD, (1945)		Agency: Cobb County Police Department		Report Date: 11/09/2021 00:00		Checked By: ROE,		Date Checked: 11/11/2021		